# **APPLICATION FORM**

St Denis School 2 Orchid Street Joondanna WA 6060

Tel: (08) 9242 3422

Email: admin@stdenis.wa.edu.au Web page: www.stdenis.wa.edu.au

Please note that there is a \$30.00 nonrefundable enrolment fee payable on application.

Enrolment Year Level:



Date of Lodgement	
Application Fee Paid	
Entered on AOS	
Interview	
Catholic	Yes / No
DOCS ATTACHED	
Birth Cert	Yes / No
Baptism	Yes / No
Priest Ref	Yes / No
Immunisation	Yes / No
MCEETYA	Yes / No
Visa	Yes / No
Medicare	Yes / No



Office Use Only

Letter of Offer	
Enrolment Fee Paid	
FORMS RETURNED	
Acceptance Letter Excursion Note Images Permission ICT User Agree	Yes / No Yes / No Yes / No Yes / No
Submitted Pre-Kindy Application	Yes / No

## St Denis School Vision Statement

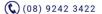
St Denis Catholic School Community seeks to foster an environment, which integrates love, truth and learning where each individual strives to become a model of Christian living and is nurtured towards his/her full potential.

**Enrolment Year:** 

STUDENT INFORMATION		
Student Surname:	_ First Name:	
Middle Name:		
Preferred Name:	Male/Female:	
Address:	Suburb:	P/Code:
Date of birth:		
	Country of birth:	<del></del>
Aboriginal / Torres Strait Islander: Yes / No		
If born outside of Australia - Date of arrival:		
Australian permanent resident: Yes /	No	
Number of years in Australia:	Country of citizenship:	
Nationality: Langua	ge spoken at home:	
Visa No: (Please attach copy) Status:		
Date of Entry into Australia:		







RELIGIOUS DETAILS	
Religious denomination:	Parish:
Date of Baptism:	Baptism Certificate attached: Yes / N
Date of: Reconciliation:	Communion: Confirmation:
SCHOOLING DETAILS	
Previous school:	Year level:
Address:	State: P/Code: Tel:
FAMILY INFORMATION - PAR	RENT 1 / GUARDIAN 1 DETAILS
Title: Last name:	First name:
Address:	State: P/Code:
Telephone:	Mobile:
Marital Status:	Country of Birth:
Email Address (IN CAPITALS):	
Religious Denomination:	Parish:
Occupation:	Tel:
Employer's Name:	<del></del>
Employer's Address:	
Country of Citizenship:	Language Spoken at home:
FAMILY INFORMATION - PAG	RENT 2 / GUARDIAN 2 DETAILS
	First name:
	State: P/Code:
	Mobile:
	Country of Birth:
	Parish:
	 Tel:
Employer's Name:	
	Language Spoken at home:
	-

CUSTODY / GUARDIANSHIP
Legal guardian of student other than parent: If applicable, a copy of any Parenting or Restraining Order should be attached.
Any other conditions enforced at law? Yes / No
HEALTH CARE CARD
Do you hold a current Health Care Card: Yes / No Expiry Date:
Health Care Card Number:
SIBLINGS CURRENTLY ATTENDING ST DENIS
Name: Year: Name: Year:
Name: Year: Name: Year:
SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS
Name: Year: Name: Year:
Name: Year: Name: Year:
PERSON/S RESPONSIBLE FOR FEE PAYMENT
Name: Signature:
Name: Signature:
MEDICAL
F = Fully Immunised N = Not ImmunisedI = Incomplete immunisation P = Personal Objections
Measles Mumps Rubella Tetanus
Pertussis (Whooping cough) Diphtheria Polio (OPV)
Hepatitis B Hib BCG Chicken Pox
Meningococcal Other Blood Group
Doctor / Medical Clinic: Tel:
Doctor's Name:
Address:
Dentist / Dental Clinic Tel:
Address:
Medicare Number: Private Health Fund: Yes / No
Medicare Expiry: Position on card (number): (Please provide a copy of your Medicare card)

### MEDICAL EMERGENCY AUTHORISATION

I authorise St Denis School to seek medical / dental attention, call an ambulance or to hospitalise my child when considered necessary. I further authorise the school in the event of an emergency requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and if I am unable to be contacted, authorise the school to agree, on my behalf, to medically recommended treatment by an accredited medical practitioner

Signature of Parent 1 / Guardian 1:	
Signature of Parent 2 / Guardian 2:	
Date:	

# EMERGENCY CONTACT DETAILS (OTHER THAN PARENT / GUARDIAN) PLEASE SUPPLY TWO CONTACTS WHO RESIDE IN PERTH.

Name:		_ Relationship to student:	
Address:			_
		Mobile:	-
		_ Relationship to student:	
Address: Contact Numbers	Home:	Mobile:	

### **DISCLOSURE**

Do you agree that the information supplied on the STUDENT INFORMATION and FAMILY INFORMATION sections can be provided to our parish priest?

Yes / No

#### **AGREEMENT**

- I/We understand and accept that the completion of this enrolment form does not guarantee an enrolment interview.
- I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.
- I/we understand that enrolment of a student in one Catholic school does not guarantee the enrolment of that student in any other Catholic school.
- I/we have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.
- I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent 1 / Guardian 1: _	
Signature of Parent 2 / Guardian 2: _	
Date:	

### STANDARD COLLECTION NOTICE

- Please click here to view the standard collection notice
- or visit: <a href="https://tinyurl.com/ycxe9pmn">https://tinyurl.com/ycxe9pmn</a>

#### **EXECUTIVE DIRECTIVE - ENROLMENT**

- Please click here to view the Executive Directive Enrolment
- or visit: <a href="https://policy.cewa.edu.au/executive-directive/privacy/">https://policy.cewa.edu.au/executive-directive/privacy/</a>